

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Franchise Association PAC (NFA-PAC)

ADDRESS (number and street)

1201 Roberts Boulevard, Suite 100

☐Check if different
than previously
reported. (ACC)

Kennesaw

GA

30144

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00329425

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Bill Patterson

Signature of Treasurer

Electronically Filed by Bill Patterson

Date

01

31

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Franchisee Association PAC (NFA-PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		26973.48
(b) Cash on Hand at Beginning of Reporting Period	107809.03	
(c) Total Receipts (from Line 19)	38372.43	137783.62
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146181.46	164757.10
7. Total Disbursements (from Line 31)	22275.17	40850.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	123906.29	123906.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Franchisee Association PAC (NFA-PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	36300.00	133325.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1125.00	2150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	37425.00	135475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	37425.00	135475.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	947.43	1308.62
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	38372.43	137783.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38372.43	137783.62

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	775.17	3350.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	775.17	3350.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	37500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22275.17	40850.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22275.17	40850.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	37425.00	135475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37425.00	135475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	775.17	3350.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	775.17	3350.81

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Gary Andezewski

Mailing Address 1 Wendslow Place

City

Lutherville Timoni

State

MD

Zip Code

21093

FEC ID number of contributing
federal political committee.

C

Name of Employer
PJ Foods, LLC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: 80131.C833

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Joseph Anghelone

Mailing Address 118 Meirs Rd.

City

Cream Ridge

State

NJ

Zip Code

08514

FEC ID number of contributing
federal political committee.

C

Name of Employer
GeorgeTowe Group LP

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71128.C790

Amount of Each Receipt this Period

625.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joseph Anghelone

Mailing Address 118 Meirs Rd.

City

Cream Ridge

State

NJ

Zip Code

08514

FEC ID number of contributing
federal political committee.

C

Name of Employer
GeorgeTowe Group LP

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 80131.C828

Amount of Each Receipt this Period

625.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Perry Beaton

Mailing Address 3130 Willowridge Rd.
#C

City State Zip Code
 Marion IA 52302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaton, Inc.Occupation
Franchise Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 0 9 / 2 0 0 7

Transaction ID: 71128.C800

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Martin Blount

Mailing Address 2612 Scenic Pl

City State Zip Code
 West Des Moines IA 50265-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bount Restaurants Mgmt.Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: 80131.C835

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Howard Bowen

Mailing Address 9651 Old National Pike

City State Zip Code
 Hagerstown MD 21740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Maryland Fast FoodOccupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 7

Transaction ID: 80131.C841

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Greg R. Brening

Mailing Address PO Box 699

City

Penryn

State

CA

Zip Code

95663-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Franchisee Assoc-
iation

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C815

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Andrew Bullard

Mailing Address 3 Trinity Drive

City

Lumberton

State

NC

Zip Code

28358-8333

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Franchisee Assoc-
iation

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: 71128.C799

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Bystry

Mailing Address 1007 Valley Acres Rd

City

Houston

State

TX

Zip Code

77062-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jam-Mary, Inc

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 71128.C775

Amount of Each Receipt this Period

625.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Mark Bystry

Mailing Address 1007 Valley Acres Rd

City

Houston

State

TX

Zip Code

77062-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jam-Mary, Inc

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71128.C791

Amount of Each Receipt this Period

625.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Bystry

Mailing Address 1007 Valley Acres Rd

City

Houston

State

TX

Zip Code

77062-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jam-Mary, Inc

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 80131.C850

Amount of Each Receipt this Period

625.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joseph Chong

Mailing Address 71 Glenmoor Dr

City

Englewood

State

CO

Zip Code

80113-7116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Your Way Enterprises, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C842

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Thomas J. Clarke

Mailing Address 73 Brookville Rd.

City

Brookville

State

NY

Zip Code

11545-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Franchisee Assoc-
iation

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 80131.C847

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mike Clayton

Mailing Address 105 Ford Ave

City

Kingsport

State

TN

Zip Code

37663-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aaron Enterprises, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 7

Transaction ID: 80131.C832

Amount of Each Receipt this Period

450.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Peter J. Cotter

Mailing Address 5009 Harbour Towne Dr.

City

Raleigh

State

NC

Zip Code

27604

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIN Restaurants LLC

Occupation
Franchise Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C823

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Byron Crossen

Mailing Address 382 Brookside Drive

City

Chico

State

CA

Zip Code

95928

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Valley Enterprises,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: 71128.C789

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Carlos De LaRosa

Mailing Address 5300 Preserve Dr

City

Greenwood Village

State

CO

Zip Code

80121-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardel Enterprises, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C786

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Carlos De LaRosa

Mailing Address 5300 Preserve Dr

City

Greenwood Village

State

CO

Zip Code

80121-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jardel Enterprises, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 80131.C809

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Gregory Dolphin

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dolphin Real Estate Mgmt.
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C784

Amount of Each Receipt this Period

1250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Gregory Dolphin

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dolphin Real Estate Mgmt.
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C817

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gregory Dolphin

Mailing Address 3145 Dean Court
No. 1100

City State Zip Code
Minneapolis MN 55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dolphin Real Estate Mgmt.
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C843

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Allen Eilers

Mailing Address 1311 Cambridge Road

City

Quincy

State

IL

Zip Code

62301

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC Corporation

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: 71128.C788

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kelvin Ford

Mailing Address 12519 Cliffcreek Dr

City

Huntersville

State

NC

Zip Code

28078-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prospect Foods LLC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: 71128.C777

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David Forney

Mailing Address 6270 N. 78th St.
Unit 329

City

Scottsdale

State

AZ

Zip Code

85250

FEC ID number of contributing
federal political committee.

C

Name of Employer
JDF Enterprises, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C822

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Stephen Gans

Mailing Address 109 Brook Run

City

Hockessin

State

DE

Zip Code

19707-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interstate Equities

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 80131.C848

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Todd Gilbertson

Mailing Address 5812 Trailridge Drive

City

Parkville

State

MO

Zip Code

64152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gilbertson Restaurants LLC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 71128.C801

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David Harper

Mailing Address 1638 Degiorgio St

City

Ogden

State

UT

Zip Code

84401-9802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Restaurants

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: 80131.C834

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Jim Harting

Mailing Address 8714 N. 58 Place

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Del-Mel Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 71128.C802

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nina Hefflin

Mailing Address P.O. Box 1219

City

Kayenta

State

AZ

Zip Code

86033

FEC ID number of contributing
federal political committee.

C

Name of Employer
RMH Enterprises

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 71128.C804

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ben Jarratt

Mailing Address PO Box 650728

City

Sterling

State

VA

Zip Code

20165-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Virginia Group,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: 80131.C825

Amount of Each Receipt this Period

1250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Benjamin F. Jarratt

Mailing Address P.O. Box 650728

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Virginia Group,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C816

Amount of Each Receipt this Period

75.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ben Jarrett

Mailing Address PO Box 650728

City

Sterling

State

VA

Zip Code

20165-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern VA Group, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C785

Amount of Each Receipt this Period

1250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bill Keller

Mailing Address 105 Riveria Drive

City

Georgetown

State

KY

Zip Code

40324

FEC ID number of contributing
federal political committee.

C

Name of Employer
BMT of Kentucky, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C845

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Dava & Laura Laslow

Mailing Address 17900 Boerger Rd.

City

Marysville

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monarch Restaurant Group,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: 71128.C773

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dava & Laura Laslow

Mailing Address 17900 Boerger Rd.

City

Marysville

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monarch Restaurant Group,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: 71128.C805

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alan Martinson

Mailing Address 13910 Tomahawk Lane So.

City

Afton

State

MN

Zip Code

55001

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALM, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C782

Amount of Each Receipt this Period

150.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Michael Olander

Mailing Address P.O. Box 20123

City

Raleigh

State

NC

Zip Code

27619

FEC ID number of contributing
federal political committee.

C

Name of Employer
KIN Restaurant LLC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71128.C795

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bill Oldershaw

Mailing Address 613 Cliffgate Ln

City

Castle Rock

State

CO

Zip Code

80108-8395

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWSR Limited Liability Com-
pany

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 80131.C810

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Nick Patronas

Mailing Address 220 W Superior St.

City

Duluth

State

MN

Zip Code

55802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duluth King, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71128.C794

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Bruce Pavlikowski

Mailing Address 3710 E Finch Ln

City

Flagstaff

State

AZ

Zip Code

86004-7705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheehy Ent. Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C820

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas Plantulli

Mailing Address 315 Hickory Ct

City

Medford

State

NJ

Zip Code

08055-8720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plantulli Rests. Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 80131.C830

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Susan Rachor

Mailing Address 9536 Pumice Lane

City

Central Point

State

OR

Zip Code

97502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Applegate Restaurants, In-
c.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: 80131.C812

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Bob Reardon

Mailing Address 2520 Ward Blvd

City

Wilson

State

NC

Zip Code

27893-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spinlar EnterprisesOccupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: 80131.C839

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Patricia Rogers

Mailing Address 5520 Orchard Pond Dr

City

Raleigh

State

NC

Zip Code

27616-6180

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenpat FoodsOccupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Transaction ID: 80131.C813

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Tom Roose

Mailing Address 5588 Airport Rd.

City

Anderson

State

SC

Zip Code

29626

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Wind Inc.Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: 80131.C838

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Vance Rossell

Mailing Address 12655 Kernan Forest Blvd.

City

Jacksonville

State

FL

Zip Code

32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Coast Enterprises,
LLC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80131.C837

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mike Royal

Mailing Address 129 Via Mari Posa

City

Belle Glade

State

FL

Zip Code

33430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Management Corp.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C844

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Shelby Scarbrough

Mailing Address 613 South Royal Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Virginia Group,
Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 80131.C824

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

James Schory

Mailing Address 3230 Shepherdsville Rd.

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing
federal political committee.

C

Name of Employer
JPL Management Inc.

Occupation

Franchise Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: 80131.C840

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City

Ryland

State

AL

Zip Code

35767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kristie Co.

Occupation

Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: 71128.C797

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City

Ryland

State

AL

Zip Code

35767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kristie Co.

Occupation

Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: 80131.C808

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City

Ryland

State

AL

Zip Code

35767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kristie Co.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 7

Transaction ID: 80131.C829

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rastall Stafford

Mailing Address 4130 Litadell Rock Rd. NE

City

Ryland

State

AL

Zip Code

35767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kristie Co.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: 80131.C849

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lawrence Stokes

Mailing Address 55 The Cliffs Parkway

City

Landrum

State

SC

Zip Code

29356

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMS, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 71128.C803

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Wayne Thompson

Mailing Address 656 Meadow Ln

City

Albert Lea

State

MN

Zip Code

56007-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fieldstone Restaurant Corp

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C780

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jim Walther

Mailing Address 34 Broadview Ave.

City

Warrenton

State

VA

Zip Code

20186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Waltco Foods, Inc.

Occupation
Franchise Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 7

Transaction ID: 80131.C831

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Camilla Warren

Mailing Address 4450 Black Oak Ln

City

Mason

State

OH

Zip Code

45040-8437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Restaurant Assoc of Cincinnati

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 71128.C776

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Thomas D. White

Mailing Address 113 Woodstream Rd.

City

Mooreville

State

NC

Zip Code

28117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MIKAW Corp

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80131.C846

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David Williams

Mailing Address 10238 So. Weeping Willow Dr.

City

Sandy

State

UT

Zip Code

84070

FEC ID number of contributing
federal political committee.

C

Name of Employer
HB Boys, LC

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Transaction ID: 71128.C783

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Sally Wilson

Mailing Address 1052 Lakemont Dr

City

Gainesville

State

GA

Zip Code

30501-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
S&B Wilson, Inc.

Occupation
Franchisee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 80131.C851

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

36300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 71128.C774

Amount of Each Receipt this Period

100.99

Interest Received

B.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.38

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 71128.C779

Amount of Each Receipt this Period

98.20

Interest Received

C.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.71

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71128.C796

Amount of Each Receipt this Period

90.33

Interest Received

SUBTOTAL of Receipts This Page (optional)

289.52

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 71128.C806

Amount of Each Receipt this Period

172.24

Interest Received

B.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1059.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 80131.C827

Amount of Each Receipt this Period

236.54

Interest Received

C.

Full Name (Last, First, Middle Initial)

Wachovia Securities (1st Union Natl B

Mailing Address NC8502

P.O. Box 563966

City

Charlotte

State

NC

Zip Code

28262-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1308.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 80131.C852

Amount of Each Receipt this Period

249.13

Interest Received

SUBTOTAL of Receipts This Page (optional)

657.91

TOTAL This Period (last page this line number only)

947.43

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E487

Date of Disbursement

08 / 07 / 2007

Amount of Each Disbursement this Period

18.44

CREDIT CARD FEE

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E491

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

4.50

CREDIT CARD FEE

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E493

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

39.83

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

62.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878	Transaction ID: 71128.E497 Date of Disbursement <div> <div>10</div> <div>02</div> <div>2007</div> </div>
City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4.50</div> CREDIT CARD FEE
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71128.E499 Date of Disbursement <div> <div>10</div> <div>04</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>14.75</div> CREDIT CARD FEE
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E513 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>14.75</div> CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

34.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

National Franchisee Association PAC (NFA-PAC)

CREDIT CARD FEE

CREDIT CARD FEE

CREDIT CARD FEE

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878	Transaction ID: 80131.E523 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2007</div> </div>
City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>29.50</div> CREDIT CARD FEE
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E524 Date of Disbursement <div> <div>12</div> <div>17</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>14.75</div> CREDIT CARD FEE
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 2878 City Omaha State NE Zip Code 68103-2878 Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80131.E525 Date of Disbursement <div> <div>12</div> <div>24</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>77.44</div> CREIDT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

121.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address MSI Merchant Services
890 Mountain Avenue

City New Providence State NJ Zip Code 07974-

Purpose of Disbursement
Monthly Merchant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E485

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

88.20

MONTHLY MERCHANT FEE

B.

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address MSI Merchant Services
890 Mountain Avenue

City New Providence State NJ Zip Code 07974-

Purpose of Disbursement
Monthly Merchant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E488

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

40.00

MONTHLY MERCHANT FEE

C.

Full Name (Last, First, Middle Initial)

NOVA

Mailing Address MSI Merchant Services
890 Mountain Avenue

City New Providence State NJ Zip Code 07974-

Purpose of Disbursement
Monthly Merchant Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71128.E490

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

40.15

MONTHLY MERCHANT FEE

SUBTOTAL of Disbursements This Page (optional)

168.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 71128.E496 Date of Disbursement																				
Mailing Address MSI Merchant Services 890 Mountain Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City New Providence State NJ Zip Code 07974-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Monthly Merchant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">202.27</td> </tr> </table>	202.27																			
202.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MONTHLY MERCHANT FEE																					
B. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 80131.E512 Date of Disbursement																				
Mailing Address MSI Merchant Services 890 Mountain Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	0	7												
City New Providence State NJ Zip Code 07974-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Monthly Merchant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">47.62</td> </tr> </table>	47.62																			
47.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MONTHLY MERCHANT FEE																					
C. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: 80131.E521 Date of Disbursement																				
Mailing Address MSI Merchant Services 890 Mountain Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	3		2	0	0	7												
City New Providence State NJ Zip Code 07974-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Monthly Merchant Fee Candidate Name	<table border="1"> <tr> <td colspan="10">93.47</td> </tr> </table>	93.47																			
93.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MONTHLY MERCHANT FEE																					

SUBTOTAL of Disbursements This Page (optional)

343.36

TOTAL This Period (last page this line number only)

775.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

21st Century Pac

Mailing Address 2052 Lake Audobon Court

City Reston State VA Zip Code 20191-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 71128.E505

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

21st Century Pac

Mailing Address 2052 Lake Audobon Court

City Reston State VA Zip Code 20191-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 71128.E498

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ERIC PAC

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

ANNUAL/OTHER

Transaction ID: 71128.E511

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Bachman for Congress

Mailing Address P.O. Box 49756

City
Minneapolis

State
MN

Zip Code
55449-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
MICHELE M BACHMANN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: 71128.E500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Hoosiers Supporting Buyer for Congress

Mailing Address 200 North Main Street
P.O. Box 712

City
Monticello

State
IN

Zip Code
47960-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
STEVE CONGRESSMAN BUYER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 71128.E486

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Cole for Congress

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
TOM COLE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: 71128.E506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress Mailing Address PO Box 1100	Transaction ID: 71128.E489 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 7</div> </div>
City Clemmons State NC Zip Code 27012-1100 Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name VIRGINIA FOXX Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 05	Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Hayes for Congress Mailing Address P.O. Box 2000 City Concord State NC Zip Code 28026- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name ROBERT CANNON HAYES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08	Transaction ID: 71128.E501 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Issa for Congress Mailing Address P.O. Box 760 City Vista State CA Zip Code 92085- Purpose of Disbursement DIRECT CONTRIBUTION Candidate Name DARRELL EDWARD ISSA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 49	Transaction ID: 71128.E502 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Keller for Congress

Mailing Address PO Box 1453

City
Orlando

State
FL

Zip Code
32802-1453

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
RICHARD A KELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 80131.E518

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Keller for Congress

Mailing Address PO Box 1453

City
Orlando

State
FL

Zip Code
32802-1453

Purpose of Disbursement
VOID

Candidate Name
RICHARD A KELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 80131.E517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

VOID

C.

Full Name (Last, First, Middle Initial)

Keller for Congress

Mailing Address PO Box 1453

City
Orlando

State
FL

Zip Code
32802-1453

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
RICHARD A KELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 71128.E509

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A. Full Name (Last, First, Middle Initial) King for Congress	Transaction ID: 71128.E495 Date of Disbursement
Mailing Address 126 Des Moines Street Box 576	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>
City Odebolt State IA Zip Code 51458-	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>1000.00</div>
Candidate Name STEVEN A KING	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	
B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress	Transaction ID: 80131.E516 Date of Disbursement
Mailing Address 111 NW 183rd St Ste 325 Suite 325	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 7 / 2 0 0 7</div> </div>
City Miami State FL Zip Code 33169-4538	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>1000.00</div>
Candidate Name KENDRICK B MEEK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	
C. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress	Transaction ID: 71128.E494 Date of Disbursement
Mailing Address 111 NW 183rd St Ste 325 Suite 325	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 7</div> </div>
City Miami State FL Zip Code 33169-4538	Amount of Each Disbursement this Period
Purpose of Disbursement DIRECT CONTRIBUTION	<div>1000.00</div>
Candidate Name KENDRICK B MEEK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
DIRECT CONTRIBUTION	

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Putnam for Congress

Mailing Address P.O. Box 2257

City
Bartow

State
FL

Zip Code
33831-

Purpose of Disbursement
DIRECCT CONTRIBUTION

Candidate Name
ADAM H PUTNAM

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: 71128.E507

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

DIRECCT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Pete Sessions

Mailing Address P.O. Box 38585

City
Dallas

State
TX

Zip Code
75238-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
PETE SESSIONS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 71128.E508

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Bill Shuster for Congress

Mailing Address P.O. Box 27

City
Hollidaysburg

State
PA

Zip Code
16648-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
WILLIAM FRANKLIN SHUSTER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: 71128.E503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Franchisee Association PAC (NFA-PAC)

A.

Full Name (Last, First, Middle Initial)

Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361-

Purpose of Disbursement
DIRECT CONTRIBUTION

Candidate Name
ADRIAN SMITH

Office Sought: ☒ House
☐ Senate
☐ President

State: NE District: 03

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 71128.E504

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

DIRECT CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

21500.00